Theory Areas

- If a change agent supports staff to understand how to interpret and respond to PLWD behaviour that uses PCC approaches, challenges poor practice by using experiential learning and patient centred resources and reflection, then staff will be more likely (mechanism confidence, awareness, prioritise) to engage and assess patient pain / distress and involve PLWD and carer in planning their care
- 2. If a change agent has organisational and clinical authority to introduce learning and credible resources that prioritise the identification and care of PLWD and addresses concerns around risk and workplace disruption within a PCC framework then staff will feel they have permission to do the right thing becoming less risk averse
- 3. If a change agent works as a clinical expert to identify and resolve the care needs of PLWD then staff will feel supported and be more willing to care for PLWD

Source(ref):				
Author lens				
Country				
Type of study/paper				
Intervention				
Relevance:				
Are the contents of a section of text within an included document referring to				
data that might be relevant to our mid-range theories? Which ones?				
2. Outcomes of interest				
Are the outcomes of interest referred to in the paper? Which ones?				
 Patient and carer involvement in decision making 				
2) Length of hospital admission				
3) Occurrence of adverse incidents (falls, nutrition, delirium)				
4) Use of antipsychotic medication				
5) Needs assessment				
6) Patient and carer satisfaction				
7) Other not specified				
What are the characteristics of the change agent				
What are the characteristics of person centred care				
What is the change agent trying to do				

What resources are in place to help them achieve their aims				
To what extent are their aims achieved, what is the evidence?				
In what context is the change agent working?				
3. Interpretation of meaning:				
If it is relevant, do the contents of a section of text provide data that may be				
interpreted as being context, mechanism (resource/response) or outcome?				
4. Judgements about Context-Mechanism-Outcome-Configurations:				
9				
What is the Mechanism (resource)-Context-Mechanism (response)-Outcome Configuration (CMOC) (partial or complete) for the data?				
Resource/Intervention		Mechanism	Outcome	
nessaree/intervention	Context	Weenansm	Outcome	
5. Judgements about mi	d-range theory:			
•	•	ЛОС relate to the mid	d-range theory?	
			•	
The same accument are there acts which high the				
CMOC relates to the mid-range theory?				
 If not, are these data in other documents? Which ones? In light of this CMOC and any supporting data, does the mid-range 				
theory need to be changed?				
theory need to be changed:				
6. Rigour:				
Are the data sufficiently trustworthy and rigorous to warrant making				
changes to the CMOC?				
 Are the data sufficiently trustworthy and rigorous to warrant making 				
changes to the mid-range theory?				
7. Population				
Questions raised not captured elsewhere				
Notes				